

**Non-Medical Out-of-Home Care (NMOHC)
Payment Standard
Effective April 1, 2006**

Supplemental Security Income (SSI)	\$603.00
State Supplementary Payment (SSP)	<u>412.00</u>
Total NMOHC Payment Standard	<u>\$1015.00*</u>

The NMOHC Payment Standard includes the following components:

Room and Board	\$435.00
Care and Supervision (maximum)	<u>\$463.00</u>
Amount Payable for Basic Services	\$898.00¹
Personal and Incidental Needs Allowance	<u>\$117.00</u>
(Must be provided to the recipient) (minimum)	<u>\$1015.00</u>

*Amounts are double for SSI/SSP couples.

¹ NOTE: Recipients who have income in addition to their SSI/SSP check (for example, a pension, Social Security retirement, or disability benefits) can be charged the **\$898.00** amount for basic services plus an additional \$20. Because federal rules do not count the first \$20 of a recipient's income against his/her SSI/SSP grant, an SSI/SSP recipient with other income has an extra \$20 that people who receive only an SSI/SSP check do not have. Neither federal nor state law restricts the recipient in how this additional \$20 amount is spent. Thus, if the recipient agrees in the admission agreement to pay the additional \$20 for basic services, the facility may charge the additional amount.

STATE OF CALIFORNIA
DEPARTMENT OF SOCIAL SERVICES
ADMINISTRATION DIVISION

ESTIMATED SSI/SSP PAYMENT STANDARDS
EFFECTIVE APRIL 1, 2006
Includes pass-through of the CPI COLA

ESTIMATES BRANCH
November 2005

CNI: 4.07% (e)
CPI: 4.10% (a)

	INDEPENDENT LIVING		REDUCED NEEDS		NON-MEDICAL OUT-OF-HOME CARE 1/ (NMOHC)							
	RESIDING IN OWN HOUSEHOLD		HOUSEHOLD OF ANOTHER WITH IN-KIND ROOM & BOARD		HOUSEHOLD OF RELATIVE WITH IN-KIND ROOM & BOARD		IN LICENSED FACILITY OR HOUSEHOLD OF RELATIVE WITHOUT IN-KIND ROOM & BOARD					
	TOTAL	SSI	SSP	TOTAL	SSI	SSP	TOTAL	SSI	SSP			
INDIVIDUAL:												
AGED OR DISABLED - without cooking facilities (RMA) 2/ BLIND	836.00 920.00 901.00	603.00 603.00 603.00	233.00 317.00 298.00	636.00 N/A 717.00	402.00 N/A 402.00	234.00 N/A 315.00	809.00 N/A 809.00	402.00 N/A 402.00	407.00 N/A 407.00	1,015.00 N/A 1,015.00	603.00 N/A 603.00	412.00 N/A 412.00
DISABLED MINOR - living with parent(s) - living with non-parent relative or non-relative guardian	722.00	603.00	119.00	510.00	402.00	108.00	809.00	402.00	407.00	1,015.00	603.00	412.00
COUPLE:												
AGED OR DISABLED - per couple	1,472.00	904.00	568.00	1,198.33	602.67	595.66	1,648.33	602.67	1,045.66	2,030.00	904.00	1,126.00
- without cooking facilities (RMA) 2/ BLIND	1,640.00	904.00	736.00	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
- per couple	1,699.00	904.00	795.00	1,425.33	602.67	822.66	1,648.33	602.67	1,045.66	2,030.00	904.00	1,126.00
BLIND/AGED OR DISABLED - per couple	1,614.00	904.00	710.00	1,339.33	602.67	736.66	1,648.33	602.67	1,045.66	2,030.00	904.00	1,126.00

TITLE XIX MEDICAL FACILITY			
	Individual	Couple	
Total	\$50	\$100	
SSI	30	60	
SSP	20	40	

1/ NON-MEDICAL OUT-OF-HOME CARE			
	Personal and Incidental Needs Maximum:	Minimum:	
Care and Supervision	\$206	\$374	
Board and Room	\$435	\$435	

2/ RMA - Restaurant Meals Allowance - \$84 Individual; \$168 Couple